| Name of Intervention | 15-month follow-up of Women Methadone Patients Patients taught Skills to Reduce Heterosexual Transmission of HIV |
|-----------------------|--|
| Risk Behavior(s) | Poor barrier use during sex (vaginal, anal, oral0 with use of drugs during sex. |
| Influencing Factor(s) | |
| or FIBs | Problem hierarchy |
| | Social Status |
| | Social influence |
| | Self-esteem |
| | Self-efficacy |
| | Substance use |
| | Culture fatalism |
| | Social support |
| | Social Policy |
| | Access |
| Intended Immediate | Increased condom use with their partners |
| Outcomes | |
| Туре | Group-Level Intervention |
| Setting | Methadone maintenance clinics |
| Is this intervention | No |
| currently being | |
| provided in your | |
| planning area? | |
| Rationale for | Women who participated in the intervention significantly |
| Selecting this | increase frequency of condom use with their partners. |
| Intervention: | |
| | Offers opportunity to practice skills |

| Name of Intervention | AIDS and the Transmission – Illicit Drug Injection |
|-----------------------|---|
| Risk Behavior(s) | Poor barrier use during sex (vaginal, anal, oral0 with use of |
| | drugs during sex. |
| Influencing Factor(s) | |
| or FIBs | Problem hierarchy |
| | Social Status |
| | Social influence |
| | Self-esteem |
| | Self-efficacy |
| | Substance use |
| | Culture fatalism |
| | Social support |
| | Social Policy |
| | Access |
| Intended Immediate | Prevent the transition from sniffing heroin to injecting heroin |
| Outcomes | |
| Туре | Group-Level Intervention |
| Setting | Community storefront |
| Is this intervention | No |
| currently being | |
| provided in your | |
| planning area? | |
| Rationale for | Based on the social learning principles |
| Selecting this | |
| Intervention: | Men and women who participated in the intervention were |
| | significantly less likely to inject drugs than those in the |
| | comparison condition. |

| Name of Intervention | AIDS Demonstration Project |
|-----------------------|---|
| Risk Behavior(s) | Poor barrier use during sex (vaginal, anal, oral0 with use of |
| | drugs during sex. |
| Influencing Factor(s) | |
| or FIBs | Problem hierarchy |
| | Social Status |
| | Social influence |
| | Self-esteem |
| | Self-efficacy |
| | Substance use |
| | Culture fatalism |
| | Social support |
| | Social Policy |
| | Access |
| Intended Immediate | To increase condom use with main and non-main partners |
| Outcomes | And to increase disinfection of injecting equipment |
| Туре | Community-Level Intervention |
| Setting | Street setting, public sex environments, other community |
| | venues |
| Is this intervention | No |
| currently being | |
| provided in your | |
| planning area? | |
| Rationale for | Based on proven theories: Social Learning theory and the |
| Selecting this | Transtheoretical Model (Stages of Change) |
| Intervention: | |
| | Offers opportunity to practice relevant skills, repeated |
| | community contacts |
| | |
| | Intervention has been shown to be effective with members of the IDU population. |

| Name of Intervention | Reducing HIV Needle Risk Behaviors |
|-----------------------|---|
| Risk Behavior(s) | Poor barrier use during sex (vaginal, anal, oral0 with use of |
| . , | drugs during sex. |
| Influencing Factor(s) | |
| or FIBs | Problem hierarchy |
| | Social Status |
| | Social influence |
| | Self-esteem |
| | Self-efficacy |
| | Substance use |
| | Culture fatalism |
| | Social support |
| | Social Policy |
| | Access |
| Intended Immediate | Increase the number and portion of IDU who exhibit safer |
| Outcomes | injecting habits. |
| | Increase understanding of behaviors that make them |
| | susceptible to HIV |
| | Increase understanding of the severity of HIV |
| | Identification of barriers and learn risk reduction methods to |
| | overcome those barriers |
| | Identify and learn methods to overcome relationship issues related to safer injection practices |
| Туре | Group-Level Intervention |
| Setting | Community, educational setting |
| Is this intervention | No |
| currently being | |
| provided in your | |
| planning area? | |
| Rationale for | Based on the Health Belief Model |
| Selecting this | And the AIDS Risk Reduction Model can also be applied |
| Intervention: | |
| | Provides the opportunity to practice relevant skills |
| | Intervention has been shown to be effective with member of |
| | the IDU population. |

Tab 7 – Intervention Selection Form

ALL SUBPOPULATIONS

Subpopulation: Ranking: <u>ID</u> **IDU-AFRICAN AMERICAN-WOMEN-6**

| Name of Intervention | Prevention Counseling/Partner Elicitation (PCPE) |
|-------------------------|---|
| intervention | , |
| Diek | Out at an an ana |
| Risk | Substance use |
| Behavior(s) | Sex without condoms |
| | Multiple partners |
| Influencing | Perceived susceptibility |
| Factor(s) | Environmental facilitators (access to condoms and testing) |
| or FIBs | Knowledge of STDs |
| | Group or Cultural Norms |
| Intended | Increase proportion of HIV-infected persons who know their status |
| Immediate | Increase condom use |
| Outcomes | Improve communication and negotiation skills |
| | Improve self perception of risk |
| | Provide access to condoms and testing |
| | Improve knowledge of STDs |
| | Reduce Number of sex partners |
| Туре | Individual Level Intervention |
| | |
| Setting | Community based organization, STD clinics, other community-based |
| | locations |
| Currently | Yes |
| provided? | |
| Rationale | Counseling, testing, referral and partner services have been recommended |
| for selecting | as an effective intervention for all populations in Texas. In the Centers for |
| intervention: | Disease Control and Prevention's HIV Prevention Strategic Plan Through |
| | 2005, Goal 2 is to increase the proportion of HIV-infected people in the U.S. |
| | who know they are infected through voluntary counseling and testing. The |
| | CDC's objectives to meeting this goal support the inclusion of this intervention |
| | for all populations. These objectives include: improving access to voluntary, |
| | client-centered counseling and testing in high seroprevalance populations and |
| | increasing the number of providers who provide voluntary, client-centered |
| | counseling and testing. The core elements of this intervention include risk |
| | assessment, risk reduction plan, and the option to test for HIV either |
| | anonymously or confidentially. |
| | |
| | The Texas CPGs recommend the following strategies to promote PCPE: |
| | 1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages |
| | Targeted to African-American Urban Women. This 20-minute video |
| | increased the likelihood that women would view HIV as a personal risk, to |
| | request condoms, to talk with friends about AIDS, and to get tested for |
| | HIV. |
| | 1) Fact Sheet p. 31. Culturally Tailored HIV/AIDS Risk-Reduction Messages Targeted to African-American Urban Women. This 20-minute video increased the likelihood that women would view HIV as a personal risk, to |

- 2) Fact Sheet p. 34*Context Framing to Enhance HIV Antibody Testing Messages Targeted to African-American Women.* This 25-minute video emphasizes the personal losses from not testing. Women were more likely to get tested and to talk to partners about testing after this video.
- Single session HIV/AIDS informational education: basic informational sessions discussing risks, correct condom and bleach kit use, referrals and the like enhance participants willingness to test either during or after the session.
- 4) Bar outreach: sustained, consistent presence in a bar type setting enhances testing. The specific outreach that is known to work consisted of weekly presence in the bar, with an informational table, with staff present and interacting with bar managers, performers and patrons for 2-4 hours at a time. Testing was conducted at the bar or referral made to a community-based organization. Staff gained the trust of all through their sustained efforts.

pcpe

Tab 7 – Intervention Selection Form

All **high priority** subpopulations, consistent with CDC Guidance, September 1997 Subpopulation:

Ranking: **IDU-AFRICAN AMERICAN-WOMEN-6**

| Name of | Prevention Case Management (PCM) | |
|---------------|--|--|
| Intervention | | |
| Risk | Multiple high risk behaviors consistent with HIV Prevention Case | |
| Behavior(s) | Management Guidance, September 1997 by the CDC | |
| | Substance use | |
| | Sex without condoms | |
| | Multiple partners | |
| Influencing | Perceived susceptibility | |
| Factor(s) | Fatalism | |
| or FIBs | Self Efficacy | |
| 0 | Peer Pressure | |
| | Cultural group norms | |
| Intended | Increase condom use | |
| Immediate | Decrease number of partners | |
| Outcomes | Increase Self Esteem | |
| Outcomes | Referral for new HIV positives into Early Intervention Programs | |
| | Referral of HIV positives into more intensive Intervention Programs that | |
| | · · · · · · · · · · · · · · · · · · · | |
| Type | address the Factors Influencing the Risky Behavior. | |
| Туре | Individual Level Intervention | |
| Cotting | Community based agreemination CTD alimina athermal actions | |
| Setting | Community based organization, STD clinics, other locations | |
| Currently | NI- | |
| Currently | No | |
| provided? | | |
| Rationale | This intervention should target only high-risk individuals, whether HIV-positive | |
| for selecting | or HIV-negative, with multiple, complex problems and risk-reduction needs. | |
| intervention: | This intensive, client-centered prevention activity has the fundamental goal of | |
| | promoting the adoption and maintenance of HIV risk-reduction behaviors. It is | |
| | suitable for individuals seeking stability and regularity in their lives and/or | |
| | individuals who are reaching an action step in dealing with health concerns. | |
| | PCM should include 1) client recruitment and engagement, 2) screening and | |
| | assessment of HIV and STD risks and medical and psychosocial service | |
| | needs, 3) development of a client-centered prevention plan, 4) multiple | |
| | session HIV risk-reduction counseling, 5) active coordination of services with | |
| | follow-up, 6) monitoring and reassessment of client's needs, risks, and | |
| | progress, and 7) discharge from PCM services upon attainment and | |
| | maintenance of risk-reduction goals. | |
| | mamile of flow roadonon goalor | |
| | pcm | |

Tab 7 – Intervention Selection Form

Subpopulation: IDU AFRICAN AMERICAN MEN

IDU HISPANIC MEN IDU AFRICAN AMERICAN WOMEN **IDU WHITE MEN** IDU HISPANIC WOMEN **IDU WHITE WOMEN**

RANKING: H

| Name of | Needle Exchange Program |
|--|---|
| Intervention | |
| Risk Behavior(s) | Needle Sharing Clean needle use or use of bleach kits Use of public sex environments, shooting galleries, or other settings where high risk behaviors frequently occur |
| Influencing Factor(s) or FIBs | Perceived susceptibility Fatalism Problem hierarchy (needs) Self efficacy Self esteem Mood Skills Social norms/Peer pressure Environmental barriers/Facilitators Access |
| Intended Immediate Outcomes | At the end of the intervention, client will commit to safer needle use. |
| Туре | ILI |
| Setting | Any location where target population gathers |
| Is this intervention currently being provided in your planning area? | NO |
| Rationale for selecting this intervention: | Several states have operated similar programs for several years and have found it to be an efficient method of altering high-risk behavior among injecting drug users. |
| | Reference: Watters, J.K., et al. Journal of the American Medical Association (JAMA) 1994; 271(2): 115-120 |

Subpopulation: Females –IDU – living with HIV/AIDS Ranking: HIGH Name of Intervention Prevention for HIV Infected Persons Project (PHIPP) Risk Behavior(s) Unprotected vaginal sex with multiple partners, partners at-risk for HIV infection, high percentage of exchanging sex for money, high percentage of substance use and sharing needles, partners have multiple partners, Influencing Factor(s) Relationship Development or FIBs Relationship dynamics Social position Self-efficacy/communication skills Social networks Social support Social group norms Expected outcomes Perceived susceptibility Perceived severity Perceived benefits Perceived barriers with the intention to overcome them Unknown serostatus Access Follow-up/Referral STD testing and treatment (surrogate markers – co-factors of the transmission of HIV) 62.5% reported having multiple partners, and 25% reported having exchanged sex for money. 87.5% reported substance use and sharing needles. 66.7% reported having partners atrisk for HIV infection, and 75% reported that their partners had multiple partners. 75% reported the use of heroin, and 87.5% reported the use of cocaine. 37.5% reported the use of marijuana. 25% reported the use of alcohol. Intended Immediate Reduce the frequency of unprotected anal/oral/vaginal Outcomes intercourse Group-Level Intervention Type Community setting with access to medical and social services Setting Is this intervention No currently being provided in your planning area? Rationale for Based on the Health belief model, and Selecting this The Social Learning Theory Offers opportunity to interact with other persons living with Intervention: HIV/AIDS. Offers opportunity to practice relevant skills.